



BUILDING PERMIT

Town of Chester
203 Middlesex Avenue
Chester, Connecticut 06412

Fee: to \$1,000 = \$15.00
\$ \$10.00 each add. \$1,000 or part of of
\$ STATE ED Fee: \$.26 per \$1,000 of
or part of

PROPERTY ADDRESS _____ MAP _____ BLOCK _____ LOT _____

OWNER OF RECORD _____

MAILING ADDRESS _____ TELEPHONE _____

- | | |
|--|---|
| TYPE OF IMPROVEMENT | PROPOSED USE |
| 1. <input type="checkbox"/> New building | 1. <input type="checkbox"/> Single family residence |
| 2. <input type="checkbox"/> Pool | 2. <input type="checkbox"/> Other, describe _____ |
| 3. <input type="checkbox"/> Addition | |
| 4. <input type="checkbox"/> Alteration | |
| 5. <input type="checkbox"/> Repair/replace | |

SELECTED CHARACTERISTICS OF NEW BUILDING AND/OR ADDITION

Dimensions of new structure: _____ wide _____ long _____ high
_____ Stories _____ total square feet floor area(all floors)

- | | | |
|--|---|------------------------------------|
| Principal type of frame | _____ Bedrooms | _____ Jacuzzi/hot tub |
| <input type="checkbox"/> Masonry | _____ Full baths | _____ Pool - inground/above ground |
| <input type="checkbox"/> Wood frame | _____ Partial baths | _____ Offices (Commercial) |
| <input type="checkbox"/> Structural steel | | |
| <input type="checkbox"/> Reinforced concrete | | |
| <input type="checkbox"/> Other | | |
| _____ Attached garage | _____ Outdoor parking spaces (Commercial) | |
| _____ Detached garage | _____ Open deck | _____ Enclosed porch |

ALTERATIONS AND REPAIRS TO EXISTING STRUCTURE

Describe: _____

CONTRACTOR HIC# _____ Tel. _____
Name _____ Address _____

TOTAL COST OF IMPROVEMENT
\$ _____

(I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.)

FEES NOT REFUNDABLE

PERMIT VALID SIX (6) MONTHS

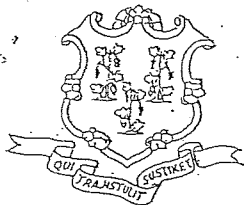
Signature of Applicant _____ Mailing Address _____ Application date _____

State fee \$ _____
Permit fee \$ _____
C.O. fee \$ 10.00
TOTAL fees \$ _____

Plans have been reviewed and found to generally be in compliance with Connecticut Codes which are made a part of this permit and shall take precedence over the drawings.

Permit Number _____
Date _____

Building Official



State of Connecticut
Workers' Compensation Commission

DIRECTIONS for FILING FORMS 7A, 7B and 7C

Rev. 10-18-2019

7A - 7B - 7C DIRECTIONS

Building Permit Requirements for Workers' Compensation

Section 31-286b of the Workers' Compensation Act requires anyone who requests a building permit to first submit "proof of workers' compensation coverage for all of the employees who are engaged to perform services on the site of the construction project for which the permit was issued."

The only exceptions to this law are the sole proprietor or property owner who will not be acting as general contractor or principal employer.

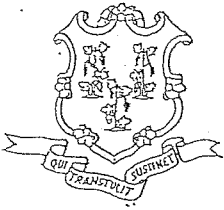
What to give to the Building Official to obtain a Building Permit:

1. The General Contractor or Principal Employer must provide a written certificate of workers' compensation insurance for all of the employees on their project. This certificate may not be for liability, disability or any other type of insurance.
2. The Sole Proprietor or Property Owner who will not act as a general contractor or principal employer is not required to have workers' compensation coverage. In order to obtain the building permit, a FORM 7A should be completed and given to the building official.
3. The Sole Proprietor or Property Owner who will act as a general contractor or a principal employer must provide a written certificate of workers' compensation insurance for all of the employees on their project and must file a FORM 7B with the building official — OR he will sign a sworn notarized affidavit on FORM 7B, stating that he will require proof of workers' compensation insurance for all those employed on the job site.
4. The General Contractor or Principal Employer who has properly excluded himself from coverage using the appropriate WCC form (see NOTE below) must file the FORM 7C with the building official. This form certifies that they have properly excluded themselves, and attests that they will require proof of workers' compensation insurance from every employee that works on the designated job site.

NOTE: The general contractor or principal employer may exclude himself from workers' compensation coverage by filing one of the following forms with the appropriate Workers' Compensation Commission district office:

Form 6B for employees who are Officers of a Corporation or Managers / Members of an LLC

Form 6B-1 for employees who are Members of a Partnership



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-12-2004

7A

Proof of Workers' Compensation Coverage when Applying
for a Building Permit for the Sole Proprietor or Property Owner
who WILL NOT act as General Contractor or Principal Employer

Applicant for Building Permit

Name of Applicant for Building Permit _____

Property located at _____

in the City / Town of _____

Test

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

I am the OWNER of the above-named property. I WILL NOT act as the general contractor or principal employer.

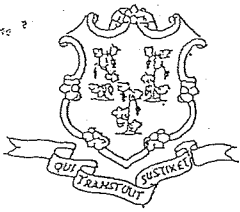
Signature of OWNER Applicant _____

I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business _____

Federal Employer ID# (FEIN) _____

Signature of SOLE PROPRIETOR Applicant _____



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

FORM 7B-2004

7B

Proof of Workers' Compensation Coverage when Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL act as General Contractor or Principal Employer

Applicant for Building Permit

Name of Applicant for Building Permit _____

Property located at _____

in the City / Town of _____

Attest

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL act as the general contractor or principal employer, you must provide proof of workers' compensation insurance coverage for all employees.

Complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:

I am the OWNER of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of OWNER Applicant _____

I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of SOLE PROPRIETOR Applicant _____

I am the OWNER of the above-named property or the SOLE PROPRIETOR of a business doing work at the above-named property. I will not personally submit proof of workers' compensation insurance coverage, but I will attest to the following:

AFFIDAVIT

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

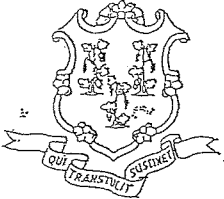
Signature of OWNER or SOLE PROPRIETOR Applicant _____

Name of Business—if applicable _____

Federal Employer ID# (FEIN)—if applicable _____

Subscribed and sworn to before me this _____ day of _____, 200 _____.

Signature of Notary Public / Commissioner of the Superior Court _____



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

REV. 10-12-2004

7C

Proof of Workers' Compensation Coverage when Applying
for a Building Permit for the General Contractor or Principal
Employer who has chosen to be EXCLUDED from Coverage

Applicant for Building Permit

Name of Applicant for Building Permit _____
Property located at _____
in the City / Town of _____

If you are the General Contractor or Principal Employer of a business doing work on the site of the construction project at the above-named property and you have properly excluded yourself from workers' compensation coverage by filing one of the appropriate forms listed below with the Workers' Compensation Commission, complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

FIRST — CHECK ONE (1) BOX:

I am: an Officer of a Corporation a Manager or Member of an LLC a Partner in a Business

THEN — CHECK ONE (1) BOX, provide the appropriate information, and sign the Affidavit below:

I have filed the following certificate with the Workers' Compensation Commission:

- Form 6B (for an Officer of a Corporation, a Manager of an LLC, or a Member of a Multiple-Member LLC)
- Form 6B-1 (for a Partner in a Business)

AFFIDAVIT

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

Signature of GENERAL CONTRACTOR or PRINCIPAL EMPLOYER Applicant _____

Name of Business—if applicable _____

Federal Employer ID# (FEIN)—if applicable _____

Subscribed and sworn to before me this _____ day of _____, 200_____.

Signature of Notary Public / Commissioner of the Superior Court _____